

CITY OF LOWELL

Fiscal Year 2011

ASSESSORS USE ONLY

41

Date Received
Application No.
Parcel ID

SENIOR 70 AND OLDER

APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 58, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

**Must be filed with Board of Assessors on or before December 15 or 3 months after actual (not preliminary)
tax bills are mailed for fiscal year if later.**

INSTRUCTIONS: Complete all sections fully. Please print or type.

A. IDENTIFICATION:

Name of Applicant _____

Marital Status _____ Social Security No. _____
optional

Legal Residence (Domicile) on July 1, 2009 _____

Mailing Address (if different) _____ Tel. No. (____) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 2010? Yes ☐ No ☐

If yes, were you Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owners with Others ☐

Was the property subject to a trust as of July 1, 2010? Yes ☐ No ☐

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? Yes ☐ No ☐

If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership

_____ GRANTED

Assessed Tax _____

_____ Occupancy

_____ DENIED

Exempted Tax _____

_____ Status

_____ DEEMED DENIED

Adjusted Tax _____

_____ Income

Date Voted/Deemed Denied _____

BOARD OF ASSESSORS

_____ Assets

Certificate No. _____

Date Cert./Notice Sent _____

Exemption: Clause _____

_____ Date _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

B. EXEMPTION STATUS:

Date of Birth _____

(If first year of application, attach copy of birth certificate)

Have you owned and occupied the property as your domicile for at least 10 years? Yes ☐ No ☐

If no list the other properties you owned and/or occupied during the past 10 years.

Address	Dates	Owned	Occpied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Copies of your federal and state income tax returns may be requested to verify your income.

	Applicant and Spouse	Co-Ower (s) and Spouse(s)
Retirement Benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions).....	_____	_____
Other Pensions and Retirement Allowances.....	_____	_____
Wages, Salaries and other Compensation.....	_____	_____
Net Profits from Business or Profession	_____	_____
Interest and Dividends	_____	_____
Other Receipts (Rent, Capital Gains, etc.	_____	_____
TOTALS	_____	_____

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 OF THIS YEAR: Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due On Mortgage	VALUE
Domicile	_____	_____	_____
All Other	_____	_____	_____

PERSONAL ESTATE:

Bank Accounts:

Name and Address of Bank	Account No.	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc.
Description and Amount

_____	_____
_____	_____

Motor Vehicles and Trailers

Year	Make	Model	
_____	_____	_____	_____
_____	_____	_____	_____

Other Non--Exempt Personal Property
Kind

Description	
_____	_____

E. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

_____ Your Signature	_____ Date
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If signed by an agent, atch copy of written authorization to sign on behalf of taxpayer.

